Application Information

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

711

Suggested Group Art Unit::

2152

CD-ROM or CD-R?::

None

Title::

METHOD AND APPARATUS FOR PROVIDING WEB

SERVICES IN A COLLABORATIVE COMPUTING

SYSTEM

Attorney Docket Number::

G0008/7010

Request for Early Publication?::

No

Request for Non-Publication?::

Yes

Suggested Drawing Figure::

2

Total Drawing Sheets::

12

Small Entity::

Yes

Petition Included?::

No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

USA

Status::

Full Capacity

Given Name::

Weidong

Family Name::

Wang

City of Residence::

Lexington

State or Province of Residence::

Massachusetts

Country of Residence::

USA

Street of Mailing Address::

59 Reed Street

City of Mailing Address::

Lexington

State or Province of Mailing Address::

Massachusetts

Postal or Zip Code of Mailing Address:: 02421

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: John

Family Name:: Burkhardt

City of Residence:: Arlington

State or Province of Residence:: Massachusetts

Country of Residence:: USA

Street of Mailing Address:: 11 Lincoln Street

City of Mailing Address:: Arlington

State or Province of Mailing Address:: Massachusetts

Postal or Zip Code of Mailing Address:: 02476

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Jack

Middle Name:: E.

Family Name:: Ozzie

City of Residence:: Chester

State or Province of Residence:: New Hampshire

Country of Residence:: USA

Street of Mailing Address:: 87 North Pond Road

City of Mailing Address:: Chester

State or Province of Mailing Address:: New Hampshire

Postal or Zip Code of Mailing Address:: 03036

Correspondence Information

Correspondence Customer Number:: 021127

Phone Number:: (617) 367-4600

Fax Number:: (617) 367-4656

E-Mail Address:: pkudirka@kjpat.com

Representative Information

Representative Customer Number:: 021127

Assignee Information

Assignee Name:: Groove Networks, Inc.

Street of Mailing Address:: 100 Cummings Center, Suite 535Q

City of Mailing Address:: Beverly

State or Province of Mailing Address:: Massachusetts

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 01915